

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS666HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/09/2010
NAME OF PROVIDER OR SUPPLIER UMC OF SOUTHERN NEVADA		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 W CHARLESTON BLVD LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/09/10 and finalized on 09/09/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>Complaint #NV00026369 was substantiated with deficiencies cited. (See Tag # S0512)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	S 000		
S 512 SS=D	<p>NAC 449.379 Medical Records</p> <p>3. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. A hospital shall use a system for author identification and record maintenance that ensures the integrity of the authentication of the record and protects the security of all entries to a medical record.</p> <p>This Regulation is not met as evidenced by:</p>	S 512		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 512	<p>Continued From page 1</p> <p>Based on interview, record review and document review the facility failed to ensure a physician accurately documented the cause of death on the death certificate of a patient who died at the facility following surgery. (Patient#1)</p> <p>1. On 09/09/10 at 2:25 PM, Physician #2 acknowledged Patient #1s cause of death on the death certificate should have included perforated cancer of the colon and ischemia secondary to cardiac arrest as contributing causes to the patients death.</p> <p>Severity: 2 Scope: 1</p> <p>Complaint # 26369</p>	S 512			

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